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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/616,977	10/616,977 07/11/2003		Renato Caretta		7040.0075.01	2872		
TITLE OF INVENTION: TY	TRE FOR A VEHICLE WE	IEEL						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE PUBL		ATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	0	5	300	\$1700	07/06/2006	
EXAMINER		ART UNIT		CLASS-	SUBCLASS			
FISCHER, JUSTIN R		1733	33 152-548000		548000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Finnegan, Henderson 2 Farabow, Garrett & 3 Dunner, L.L.P.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Pirelli Pneumatici S.p.A. Milano, Italy							document has been filed for	
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗆 Individual 🖾 Corporation or other private group entity 🗀 Government								
4a. The following fee(s) are enclosed: ✓ Issue Fee ✓ Publication Fee (No small entity discount permitted) ✓ Advance Order - # of Copies 10 (\$30)			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. deficiency in The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).					
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